

DHS/DD GROUP HOME INSPECTION CHECKLIST

Group Home Licensing Specialist – 150 North 18th Avenue, Phoenix, AZ 85007 (602) 364-3058

FACILITY:		DATE:	TIME:
ADDRESS:		<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> ADDRESS CHANGE
CITY:	ZIP:	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> SPECIAL REQUEST
TELEPHONE:		<input type="checkbox"/> COMPLAINT – DATE RECEIVED:	
LICENSE RECOMMENDED: <input type="checkbox"/> NO – HOME IS NOT IN SUBSTANTIAL COMPLIANCE/HAZARDOUS CONDITIONS EXIST			
LICENSE ISSUED #	FROM:	TO:	<input type="checkbox"/> REGULAR <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> AMENDED
NATIONALLY ACCREDITED: <input type="checkbox"/> NO <input type="checkbox"/> YES – BY:		FROM:	TO:
LEVEL I <input type="checkbox"/>	LEVEL II <input type="checkbox"/>	<input type="checkbox"/> FIRE INSPECTION COMPLETED THIS DATE AS PART OF INSPECTION _____	
ITEMS OF INSPECTION (Pursuant to A.A.C. R9-33-201 to R9-33-207) Circle N/A if not applicable			

DHS Health & Safety Standards	IN COMPLIANCE	CORRECTIVE ACTION	DATE CORRECTED
Emergency procedures & evacuation drills	<input type="checkbox"/>	<input type="checkbox"/>	_____
1. Procedures for fires, missing persons & severe weather	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Floor plan routes of current evacuation, fire equip. & evacuation devices	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Instructions for alarms, fire equipment & devices available	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Procedures for evacuating each resident regardless of disabilities	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Procedures for notification of ERT/law enforcement, designee, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Address clearly posted/ERT notified	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Semi-annual evacuation drills documented for each shift (2 years) NA	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Date/Time/Duration/Description/Corrective Plan if more than 3 min.) NA	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Escape routes free from obstacles	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Release mechanism on any locking devices, does not require knowledge or key	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Working telephone w/emergency phone numbers/facility address near phone	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Annual fire inspection report – compliance to level of licensing	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. 2A-10-BC fire extinguisher – serviced, tagged every 12 months	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Smoke detectors capable of alerting all residents regardless of disabilities	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Smoke detectors in bedrooms, hallways and adjacent to kitchen	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Emergency exit from each bedroom to outside	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Fireplace protected (screen/curtain/barrier)	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Furnaces, heaters, water heaters clear for three feet	<input type="checkbox"/>	<input type="checkbox"/>	_____
19. Heating/cooling/ventilation systems working properly (between 65°- 85°F)	<input type="checkbox"/>	<input type="checkbox"/>	_____
20. Working, safe, cooking/cooling appliances for food (recommend 45°F refrig.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
21. Hot water temperatures maintained between 95°F and 120°F	<input type="checkbox"/>	<input type="checkbox"/>	_____
22. Electrical equipment/lighting/wiring/extension cords/etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____
23. Safe and functioning plumbing/sewage/showers/tubs/sinks/toilets	<input type="checkbox"/>	<input type="checkbox"/>	_____
24. Documentation concerning modifications for impaired clients	<input type="checkbox"/>	<input type="checkbox"/>	_____
25. Refuse in cleanable containers/sealable plastic bags removed every 7 days	<input type="checkbox"/>	<input type="checkbox"/>	_____
27. Free of hazards and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	_____
28. Free from rodents/insects/vermin (no unsanitary conditions)	<input type="checkbox"/>	<input type="checkbox"/>	_____
29. <u>Vehicle Safety</u> – See <i>Vehicle Inspection Form</i> NA	<input type="checkbox"/>	<input type="checkbox"/>	_____
30. Slip resistant ramps, stairs and steps	<input type="checkbox"/>	<input type="checkbox"/>	_____
31. Handrails/grab bars securely attached and stationary	<input type="checkbox"/>	<input type="checkbox"/>	_____
32. No firearms or ammunition at the facility	<input type="checkbox"/>	<input type="checkbox"/>	_____
33. No unprotected wells, ditches or holes that an individual may slip into	<input type="checkbox"/>	<input type="checkbox"/>	_____
34. Cleaning compounds and toxic substances labeled and stored safety	<input type="checkbox"/>	<input type="checkbox"/>	_____
35. Bathtubs and showers have safety strips/mats or non-slip surfaces	<input type="checkbox"/>	<input type="checkbox"/>	_____
36. Remove unused furniture/equipment/devices or store in covered building	<input type="checkbox"/>	<input type="checkbox"/>	_____
37. First Aid Kit complete	<input type="checkbox"/>	<input type="checkbox"/>	_____
38. Swimming pool/spa/bodies of water has 5' fence or waiver NA	<input type="checkbox"/>	<input type="checkbox"/>	_____
39. Pool fence, location and gates are safe per A.A.C. R6-33-207(B) NA	<input type="checkbox"/>	<input type="checkbox"/>	_____
40. Exterior of fence is free of handholds or footholds NA	<input type="checkbox"/>	<input type="checkbox"/>	_____
41. Shepherd's crook/ring buoy w/rope 10 ft. plus distance of half the pool NA	<input type="checkbox"/>	<input type="checkbox"/>	_____
42. Spa fenced if resident under 6 yrs., or otherwise covered and locked NA	<input type="checkbox"/>	<input type="checkbox"/>	_____

THIS INSPECTION REPRESENTS THE CONDITION OF THE GROUP HOME ONLY ON THE DATE AND TIME ABOVE

Agency Representative Signature:	Inspector Signature:	LS#
Confirmation of Correction(s)		
Agency Representative Signature:		

Note: Submit copy to DHS – FAX: (602) 364-4769